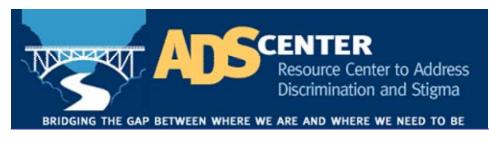


# Decreasing Discrimination and Stigma Associated with Mental Illness in the African American Community

May 5, 2005

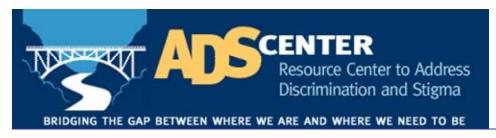


### **Sponsor**

This teleconference is sponsored by the SAMHSA Resource Center to Address Discrimination and Stigma Associated with Mental Illness (ADS Center).

The ADS Center is a program of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS).

The ADS Center provides practical assistance in designing and implementing anti-stigma and anti-discrimination initiatives by gathering and maintaining best-practice information policies, research, and programs to counter stigma and discrimination. We actively disseminate anti-stigma and anti-discrimination information and practices to individuals, States, local communities, and public and private organizations.



### **Address**

SAMHSA ADS Center

11420 Rockville Pike

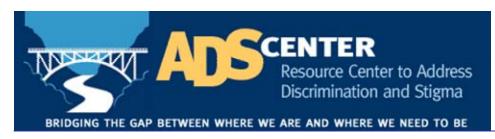
Rockville, MD 20852

Toll free: 1-800-540-0320

Fax: 240-747-5470

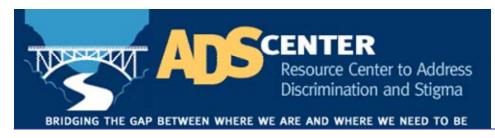
Web: www.stopstigma.samhsa.gov

The Moderator for this call is Michelle Hicks



### **Questions?**

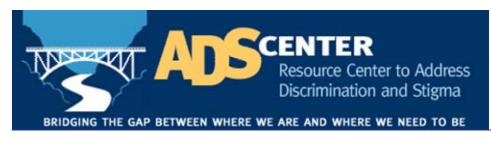
At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your name, you may proceed with your question.



### **Speakers**

### King Davis, Ph.D.

Dr. Davis is a professor, the Robert Lee Sutherland Chair in Mental Health and Social Policy, and Director for the Hogg Foundation for Mental Health. His research and teachings at the University of Texas at Austin have focused on mental health public policy, culturally competent mental health services, health care for those with mental illnesses, and disparities in rates of illness and service delivery for consumers of color.



### **Speakers**

#### Wilma Townsend

Ms. Townsend is a nationally recognized expert on consumer-focused recovery and cultural competence. She has extensive experience as a consultant to States, local government entities, managed care organizations, and consumer and family organizations in the areas of consumer recovery and recovery-oriented services, peer-operated services, consumer involvement and outcomes, and cultural competence. Ms. Townsend is involved in a research project titled, "Actualization of Best Practice Model System-Wide: Examination of Recovery-Oriented Services and Outcomes." She contributed issue papers on the topics of consumer recovery and cultural competence to the President's New Freedom Commission on Mental Health.



### **Speakers**

#### **Marietta Bell Noel**

Ms. Noel is coordinator of the Central Texas African American Family Support Conference and Senior Planner at Austin Travis County Mental Health Mental Retardation Center in Austin, Texas. She provides process direction and coordination for Center-wide strategic and annual plans and serves as a planning liaison for various community entities involving Center services. Ms. Noel has worked in health and human services in both the private and public sectors and has more than 30 years of successful experience in program management, case management, and consumer and family relations. She is a current member of the Center's Cultural Diversity Committee.

# Decreasing Stigma Associated with Mental Illness in the African American Community

King Davis, Ph.D.

**Executive Director** 

Hogg Foundation for Mental Health

The University of Texas at Austin

## Intersection Concept

Provider/Service

Illness/Beliefs/
Information

Help-seeking

**Traditions** 

Community

Treatment Experiences

Income/

Priorities

System

## Four Critical Questions

- How do African American populations obtain information about mental illness?
- How accurate is the information that this population receives?
- How does the information influence help-seeking behavior and ideas about illness and recovery?
- How does information influence compliance with health guidelines?

### Sources of Information

- Religious organizations
- Educational institutions
- Newspapers
- Local radio programs
- Television news
- Television stories
- Movies and films
- Oral tradition stories
- Medical organizations

# Prospective Frequency Of Illness

	National Estimated Prevalence	African American Estimate	Poverty Multiplier Effect	Foreign- Born Estimate
Any Anxiety Disorder	16.4%	5.9 million	11.8 million	360,000
Simple Phobia	8.3%	2.8 million	5.6 million	182,000
Social Phobia	2.0%	720,000	1.4 million	44,000
Agoraphobia	4.9%	1.7 million	3.4 million	107,000
Anxiety Disorder	3.4%	1.2 million	2.4 million	74,000
Panic Disorder	1.6%	576,000	1.1 million	35,000
OCD	2.4%	864,000	1.7 million	52,000
PTSD	3.6%	1.2 million	2.4 million	79,000
Any Mood Disorder	7.1%	2.5 million	5.0 million	156,000
Major Depression	6.5%	2.3 million	4.6 million	143,000
Unipolar MD	5.3%	1.9 million	3.8 million	116,000
Dysthymia	1.6%	576,000	1.1 million	35,000
Bipolar I	1.1%	396,000	792,000	24,000
Bipolar II	0.6%	216,000	432,000	13,000
Schizophrenia	1.3%	432,000	864,000	28,000
Non-affective Psych.	0.2%	72,000	144,000	4,000
Somatization	0.2%	72,000	144,000	4,000
Anti-social Pers.	2.1%	756,000	1.5 million	46,000
Anorexia	0.1%	36,000	72,000	2,000
Severe Cognitive	1.2%	432,000	864,000	26,000
Any Disorder	21%	7.5 million	15.0 million	462,000

Source: Davis, King., Johnson, Toni, & McClendon, A. (2002). Guidebook. Baltimore: Casey Foundation Mental Health: A Report of the Surgeon General, DHHS, 1999.

# Summary of Research Findings

### Key Findings by Ethnic Group in the Surgeon General's Report

African Americans	American Indians	Asian Americans	Hispanic Americans
Selected Findings	Selected Findings	Selected Findings	Selected Findings
Low rates of depression Higher female depression Higher frequency of phobias Poverty linked to illness rate Sparse info on children Sparse info on aged High rates of somatization Low suicide rates High rates of homelessness High use of inpatient service	High rates of PTSD in Vets 80% higher Substance abuse SA determines service usage Poverty unrelated to illness SA rates high in adolescence High rate of aged depression High rate of AHADD Highest suicide rates High rate of conduct disorder High use of inpatient service	Moderate rate of depression DSM-IV not as relevant Cultural bound syndromes Few Asians in study samples Sparse info on children Sparse info on aged Mind/body integration Lowest suicide rates Low substance abuse rate Low inpatient use Language & refugees issue	High PTSD in Vets Depression in adoles. Rates linked to origin US born higher rates Children at high risk Depression in aged Low substance abuse Low suicide rates Low homelessness Moderate inpatient Language issues
Conclusions	Conclusions	Conclusions	Conclusions
1.Rates similar to national rates for other populations     2. Culture is significant to treatment outcomes     3. Use of alternative services is increasing     4. Income is related to rate of mental illness and service utilization     5. Sparse number of African American providers     6. Low access to services     7. Increased risk of misdiagnosis     8. Not included in key research studies     9. Key disparities remain	Data on rates & service usage is limited     Need for service appears higher than average     High comorbidity between mental illness and SA     Limited information on help seeking patterns     Some changes in policy are noted     Limited outcome info     Traditional healing is important     Need to consider strengths perspective     Key disparities remain	Info on population and mental health is limited     Rates are similar to those of other populations     Increased need for cultural based services     Population may underconsume services     Help seeking pattern marked by delay     Stigma is high     More research is needed population use and needs     Cultural bound syndromes are important focus     Key disparities remain	1. Tradition mental health system fails 2. Risks for youth are higher than all 3. US birth and life is related to >risk 4. Rates seen as similar to whites 5. Key strengths in culture & history 6. Key disparities remain

# Conceptualizing Disparities

Prevalence

Rehabilitation

Incidence

Participation

Services

Outcomes

• Treatment

Acceptable Norms

Prevention

Personal Choice

Recovery

Racial causation

Help seeking

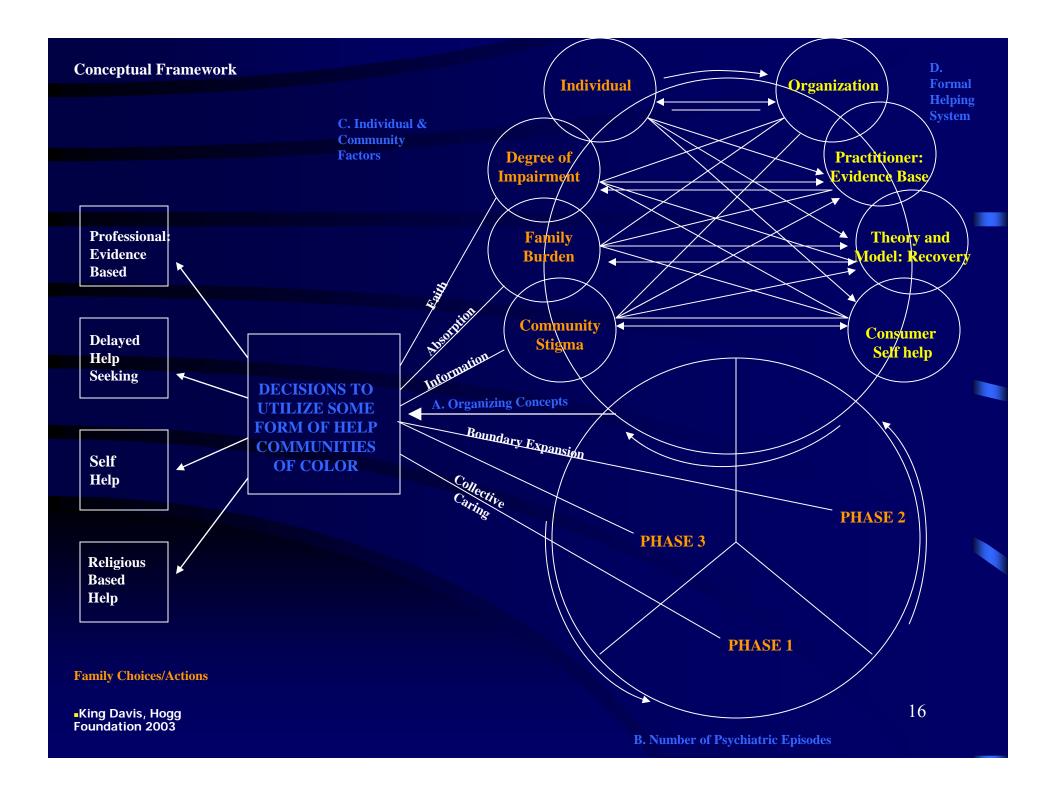
Help utilization

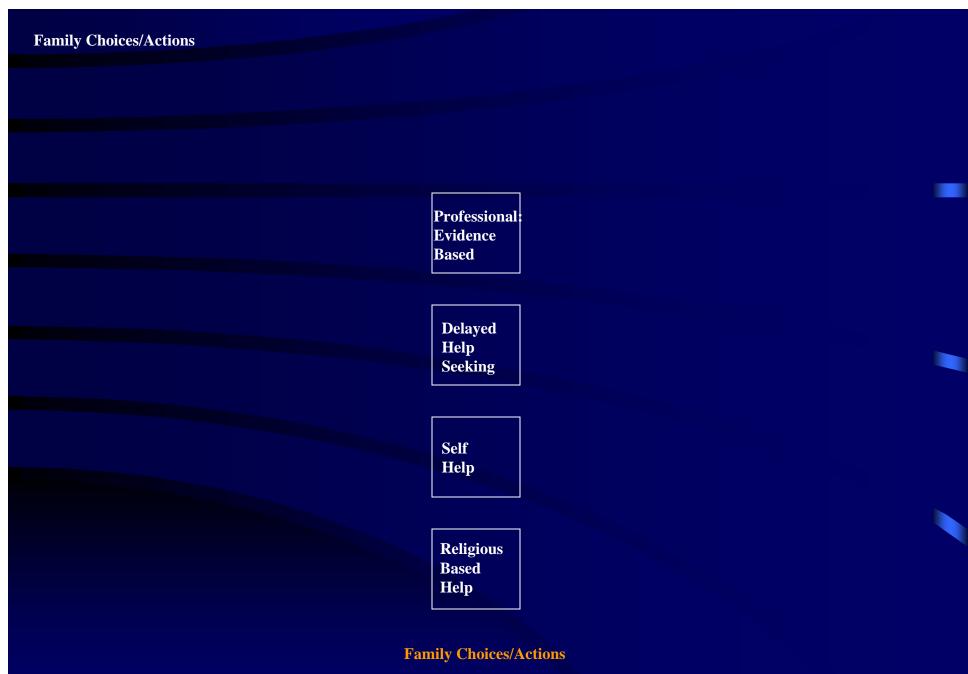
Information

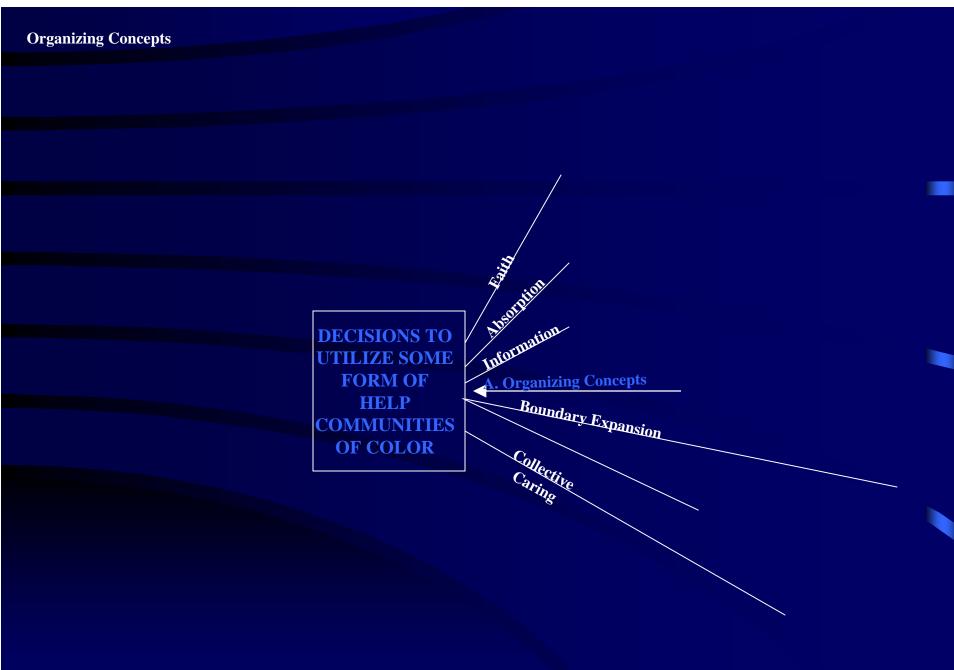
# Service Disparities

 Racial, ethnic, and cultural differences in twenty characteristics designed to define and describe the nature of behavioral health service provision

• Source: K. Davis (2003)

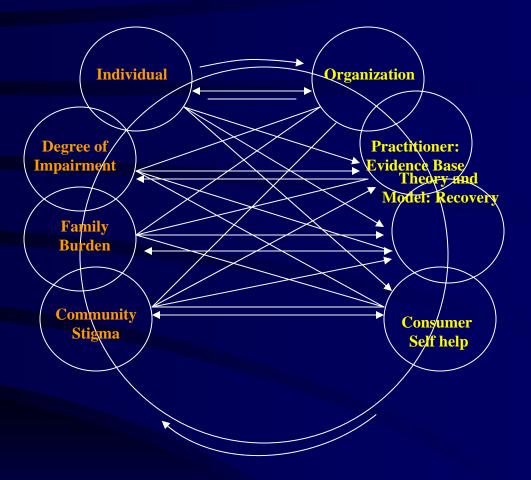


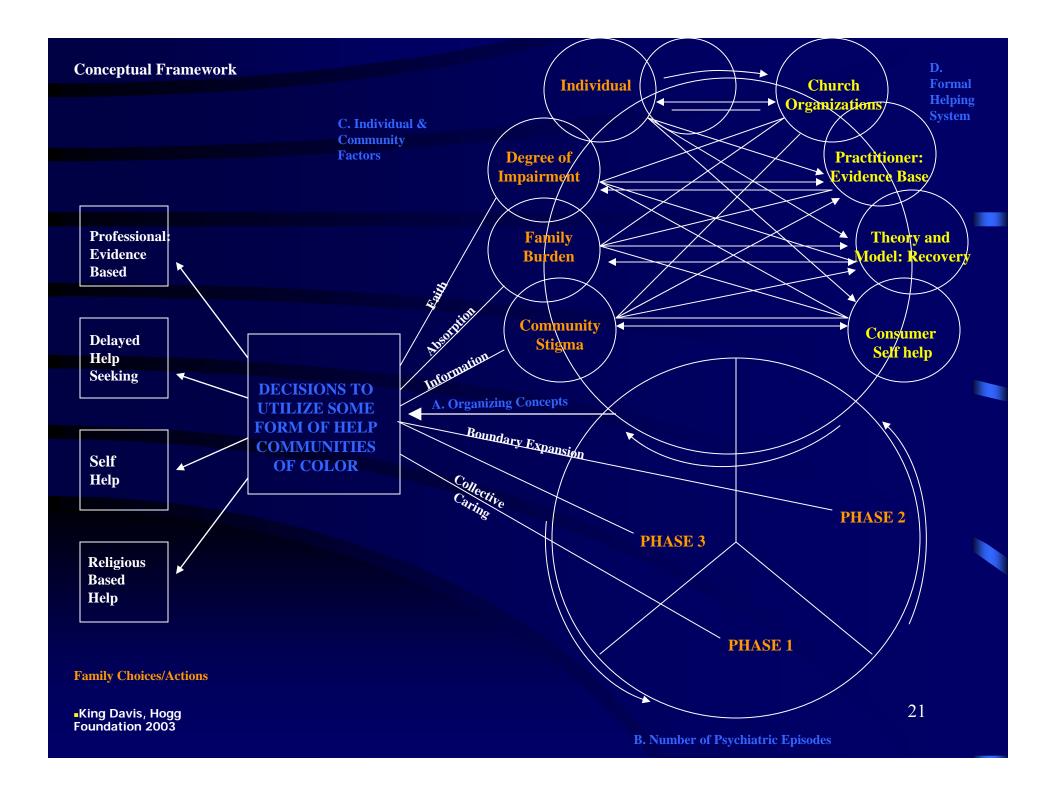




# **Number of Psychiatric Episodes** PHASE 2 PHASE 3 PHASE 1

### **Formal Helping System**





# Service Disparities 1760-2000

- >Frequency of Inaccurate Diagnosis
- >Findings of Severe Mental Disorder
- >Inpatient Hospitalization/LOS
- >Involuntary Commitments
- >Recidivism/Relapse
- >Involvement in Criminal Justice System
- >Mortality Rates (Primary Health Problems & Suicide)
- <Recovery</li>
- >Uninsured/Underinsured
- <Access to Outpatient/Early Access</li>
- <Access to Providers of Color</li>
- <Utilization of Cultural Competency in Service Design</li>
- < Participation in Behavioral Health Volunteer Organizations
- <Access to Information about Behavioral Disorder/Services</li>
- <Family Support</li>

# Service Disparities

- >Delays in help seeking
- <Housing alternatives</li>
- < Access to trained interpreters
- < Inclusion in research/clinical trials
- >Executions while mentally disabled
- <Integrated behavioral health services</li>

# Contextual Hypotheses

- Immunity Hypothesis 1763-1865
- Exaggerated Risk Hypothesis -1865-1980
- No-difference Hypothesis 1981-1990s

• Immunity Hypothesis Recycled 2001

- Exaggerated Risk Hypothesis Recycled 2001
- No-difference Hypothesis Recycled 2001

# The Immunity Hypothesis

• "Slaves are immune from stress and from the subsequent risk of mental illness because they do not own property."

John Galt, M.D.(1840)

# Causes of Disparities

- Societal policies: race, gender, income
- Focus/content of professional education
- Focus /content of research
- Service design and implementation
- Cultural traditions: beliefs/help seeking
- Dissemination of information
- Bundling health care to employment

### Overall Conclusions

- Stigma, born out of history and limited information inhibits help seeking in African American communities.
- The essence of the disparities controversy is the absence of information, knowledge, and evidence about how people of color view and experience behavioral health, disorder and service and the application of that knowledge into public policy, pre-service curriculum, continuing education, clinical practice, prevention, help-seeking, and the community.
- There is a need for research on how African American populations receive and respond to information about mental illness.

# Decreasing Stigma Associated with Mental Illness in the African American Community

Wilma Townsend, MSW President WLT Consulting, LLC

### What is Stigma

Stigma is an invisible mark of shame, disgrace or disapproval, of being shunned or rejected by others.

### It happens when ...

People are embarrassed or unwilling to talk openly about their condition because they perceive it to be different or weird.

### Stigma and Mental Illness

Some degree of stigma (internal and external) is usually associated with mental illness.

For centuries mental illness has been seen as shameful, dangerous, unpleasant, embarrassing, a weakness of character, incurable and something to be hidden away, without hope of recovery.

### For African Americans

We have taken on all of the above barriers of stigma plus the mistrust of the overall health care system, we have been very reluctant to utilize the system.

Example of my families experience with the mental health system back in the 1940's

### Statistics on African Americans

- □ African Americans represent approximately 2% of psychiatrist, 2% of psychologist and 4% of social worker professionals
- ☐ African Americans are committing suicide at a rate of 5 per day. The rate of suicide for Black youth ages 10-19 increased 114% between 1980 and 1995

### Other examples of barriers

- Slavery-built a sense of having to take care of self
- Misdiagnosis (theory that African Americans were not capable of being depressed)
- Tuskegee Syphilis Experiment (1932-1972)
- Medication differential (amount and type)
- Use of family information as part of the symptom, rarely used as part of the healing
- Community and family sense that we must not show weakness (the double whammy syndrome)

### Other examples of barriers cont.

- ☐ Families try to totally take care of the person w/out any professional help, so that by the time they go for help the person is very ill.
- Not enough African American behavioral health professionals
- Cultural barriers between the helping professional and the African American individual.
- Social economic factors that may limit access to services

### What needs to change

- Culturally competent assessment should be conducted on all organizations and systems that serve diverse populations
- Organizations and systems should utilize the National Cultural Competence Standards to establish outcomes
- Organizations and systems that serve a large population of African Americans should have a culturally diverse advisory committee that includes African American community members, families and consumers.

#### What needs to change

- Mental health education programs in the African American community
- □ Establish, develop and support mental health promotion/intervention initiatives that are specifically geared toward African Americans.
- □ Integration of cultural diversity in major written material (i.e. Emerging Best Practices in Mental Health Recovery 2<sup>nd</sup> Edition)

#### What needs to change

- □ Increase the number of African Americans in the field of mental health, including psychiatry
- □ Increase research specific to the area of African Americans that is led by African American researchers
- □ Include the natural support systems within the African American communities to assist with policy development, evaluation, and service delivery as part of the solution

#### What needs to change

- □ African American consumers and family members must speak out about their recovery process
- □ The African American community must began talking about mental health and participating in mental health initiatives

#### **Contact Information**

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www.recoveryinstitute.net



# Central Texas African American Family Support Conference (CTAAFSC)

A Model for Reducing Stigma In HealthCare

# Program Goals



- What is CTAAFSC?
  - -Vision, Mission and Goals
- CTAAFSC Highlights
  - -The "Event"
- A Catalyst for Change
  - -CTAAFSC Outcomes



• A diversity initiative hosted by Austin Travis County MHMR (ATCMHMR) Center and community partners to:

-fulfill the Center's Strategic Plan

-support initiatives called for in the 1999 and 2001 Surgeon General's Reports



• Community partners providing support include:
individuals ~nonprofit & for-profit social service agencies~ local
pharmacies~national pharmaceutical companies~ ~state health &
human service agencies~ churches~other regional MHMR
Centers~local newspapers ~banks~private foundations and
healthcare networks~advocacy agencies~ universities~restaurants.

Among them are Lower Colorado River Authority, Eli Lilly & Co., The Wood Group, The Villager Newspaper, Seton Healthcare Network, Advocacy Inc., Hogg Foundation for Mental Health, Texas Dept. of State Health Services, Wells Fargo Bank, Huston-Tillotson University, New Milestones Foundation, NAMI-Austin, and the Junior League of Austin.



#### Conference Vision:

CTAAFSC is a partnership of stakeholders dedicated to the empowerment of families and individuals with behavioral healthcare needs by providing information, support, and networking opportunities that inspire hope for a brighter future.



#### • Conference Mission:

CTAAFSC shall continue to strengthen family and individual awareness of available healthcare services, behavioral and physical, through culturally sensitive education, supports, and partnerships.



#### Conference Goals:

1. Reduce stigma towards mental illness and increase awareness of the various aspects of mental health and mental illness in Austin and Central Texas, particularly in communities of color.



- Conference Goals cont.
  - 2. Provide information and education to consumers, families, service providers and the community about mental health, developmental disabilities, chemical dependence, and co-occurring disorders that will enhance, expand, and strengthen healthcare resources.



- Conference Goals cont.
  - 3. Integrate a health focus for total community health that includes mental health and physical health.



#### 1999 Surgeon General's Report

• "...stigma interferes with the willingness of many people—even those who have a serious mental illness—to seek help."

http://www.surgeongeneral.gov/library/mentalhealth/chapter1/sec4 1.html#chap8

 Reduce stigma by dispelling myths about mental illness and by providing accurate knowledge to ensure more informed consumers.

http://www.surgeongeneral.gov/library/mentalhealth/chapter8/sec1.html#overcome



Mental Health: Culture, Race, and Ethnicity, A Supplement to Mental Health: A Report of the Surgeon General (2001)

• ...mental illnesses are just as real as other illnesses, and they are like other illnesses in most ways. Yet fear and stigma persist, resulting in lost opportunities for individuals to seek treatment and improve or recover.

http://www.surgeongeneral.gov/library/mentalhealth/cre/



ATCMHMR Strategic Plan http://www.atcmhmr.com/

#### Vision

• ATCMHMR envisions an understanding community that respects and accepts each person's differences and responds with compassionate, comprehensive and quality services.



Strategic Plan

#### Mission

• ATCMHMR seeks to serve people whose lives are seriously affected by developmental disabilities, mental, emotional and substance use disorders.



# Strategic Plan Goals

- Six areas emphasized within ATCMHMR goals are:
  - -Treatment and Support Services
  - -Workforce
  - -Continuous Quality Improvement
  - -Advocacy and Education
  - -Collaboration
  - -Leadership



- Inaugural Conference November 2000
- First conference in Texas with a behavioral healthcare focus targeting the African American community and only the third in the United States
- Consumer and family member focused
- Funding for the conference is provided through sponsorships from community partners



- No costs to attendees which have ranged from 183 persons in 2000 to a record 541 in 2002 when former Surgeon General David Satcher was a keynote plenary speaker.
- Planning committee & conference attendees include: consumers, family members, and organizations throughout the 10 Central Texas counties.
- Conference program is planned to provide accurate knowledge and information to participants in 'friendly' and understandable language by experts, professionals, and researchers in the field.

  56



- Conference programming includes:
  - -well-known African Americans who are willing to share their 'stories' and offer hope, i.e. Texas State Representative Garnet Coleman; LaRita Booth Pryor, author; Helen Neal Pore, nationally known advocate of recovery for people with mental illness.
  - -new and innovative programs/services/supports
  - -opportunities for networking



- Conference programming includes:
  - Establishment of annual awards to recognize individuals working on a national, state, or local level to fight stigma and other health issues, especially mental health. Award categories:

Consumer

Family member
Professional
Community Leader

#### A Catalyst for Change



#### Conference Outcomes

- Inclusion of physical health track in conference programming
- Continuing community partnerships through sponsorships and exhibitors
- Support of state, city, and county officials

#### A Catalyst for Change



- Conference Outcomes
  - -Community recognition and growing awareness that community health includes mental health, as well as physical health
  - -Developing partnership with community ministers/ pastors of predominantly African American congregations

# A Catalyst for Change



#### Conference Outcomes

- Assessment of the feasibility and sustainability of a Pastoral Care Project through a six month planning grant.
- Inclusion of mental health in community Health Fairs



#### For more information, contact:

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#### **Questions?**

You may submit your question by pressing 01 on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the operator announce your name, you may proceed with your question. After you have asked your question, your line will be muted. The presenters will then have the opportunity to respond.



#### Conclusion

Thank you very much for participating in the SAMHSA ADS Center conference call, "Decreasing Discrimination and Stigma Associated with Mental Illness in the African American Community."

The Resource Center to Address Discrimination and Stigma (ADS Center) is a project of the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.